



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*American Alliance for Equity*

Report Covering the Period: From:

01 ' 01 ' 2016

To:

03 ' 31 ' 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">500.00</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">500.00</span>	
(c) Total Receipts (from Line 19).....	<span style="border: 1px solid black; padding: 2px;">\$</span>	<span style="border: 1px solid black; padding: 2px;">€</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">500.00</span>	<span style="border: 1px solid black; padding: 2px;">500.00</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">€</span>	<span style="border: 1px solid black; padding: 2px;">€</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">500.00</span>	<span style="border: 1px solid black; padding: 2px;">500.00</span>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<span style="border: 1px solid black; padding: 2px;">\$</span>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<span style="border: 1px solid black; padding: 2px;">€</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

2016-03-31 15:00:00





**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....		
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

NON-FEDERAL CAMPAIGN DISBURSEMENTS



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
*American Alliance For Equity*

**A.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

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04020000 100 1011 100 1010

EXPRESS  
WIRED

U.S. POSTAGE  
WESTMINSTER, MD  
21157  
APR 14, 18  
AMOUNT  
**\$22.95**  
R2304M112311-37



20483



1007



EL07465325US

PRIORITY  
MAIL  
EXPRESS™



**CUSTOMER USE ONLY**  
FROM: (PLEASE PRINT)  
American Alliance for Squirrels  
PO Box 149  
Hampton VA 23060  
PHONE: \_\_\_\_\_  
PAYMENT BY ACCOUNT (if applicable)

PAYMENT BY ACCOUNT (if applicable)

**DELIVERY OPTIONS (Customer Use Only)**  
 SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mailbox or other secure location without attempting to obtain the addressee's signature on delivery.  
**Delivery Options**  
 No Saturday Delivery (Delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 10:30 AM Delivery Required (additional fee, where available)  
\*Refer to USPS.com or local Post Office™ for availability.

**TO:** (PLEASE PRINT)  
Federal Election Commission  
999 E Street NW  
Washington DC 20463  
PHONE: \_\_\_\_\_  
ZIP + 4® (U.S. ADDRESSES ONLY)

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
■ \$100.00 Insurance included.

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input checked="" type="checkbox"/> 1-Day PO ZIP Code 21157	<input type="checkbox"/> 2-Day Scheduled Delivery Date (MM/DD/YYYY) 4/15/18	<input type="checkbox"/> AM Date Accepted (MM/DD/YYYY) 4/14/18	<input type="checkbox"/> AM Time Accepted 7:06
<input type="checkbox"/> Military Postage \$ 22.95	Insurance Fee \$	<input type="checkbox"/> AM 10:30 AM <input type="checkbox"/> PM 3:00 PM	<input type="checkbox"/> AM 10:30 AM Delivery Fee \$
Return Receipt Fee \$	Live Animal Transportation Fee \$	<input type="checkbox"/> AM Sundays/Holiday Premium Fee \$	Acceptance/Employee Initials JW
Total Postage & Fees \$ 22.95		Weight 7 lbs.	Weight 7 ozs.
<b>DELIVERY (POSTAL SERVICE USE ONLY)</b>		<b>DELIVERY (POSTAL SERVICE USE ONLY)</b>	
Delivery Attempt (MM/DD/YYYY) Time Employee Signature		Delivery Attempt (MM/DD/YYYY) Time Employee Signature	

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2016 APR 15

